

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
GLORBBMAN LAMONT BROWN

DEFENDANT
J. EWART, et al.

COURT CASE NUMBER
1:09CV573

TYPE OF PROCESS
Complaint/Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
J. EWART, ROWAN COUNTY DETENTION CENTER
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
115 WEST LIBERTY STREET, SALISBURY, NC 28144

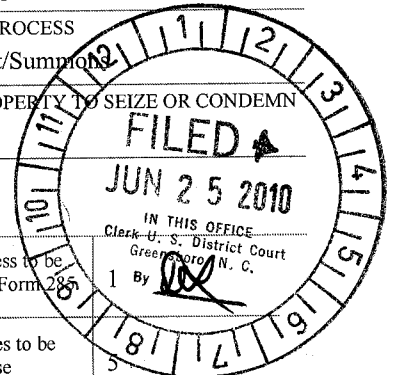
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

GLORBBMAN LAMONT BROWN #0049524
MARION CORRECTIONAL INSTITUTION
P.O. BOX 2405
MARION, NC 28752

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.



SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PRO SE / IFP

Signature of Attorney other Originator requesting service on behalf of:
JOHN S. BRUBAKER, Clerk of Court

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
336-332-6030

DATE
6/8/10

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>57</u>	District of Origin No. <u>57</u>	District to Serve No. <u>57</u>	Signature of Authorized USMS Deputy or Clerk <u>S. Cummings</u>	Date <u>6/9/10</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
6/11/10 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy
Susan Cummings DSO

Service Fee <u>8.00</u>	Total Mileage Charges including endeavors -	Forwarding Fee -	Total Charges <u>8.00</u>	Advance Deposits -	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>8.00</u> \$0.00
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REMARKS: 6/10/10 cm 7009-0820-0000-2457-6112
6/14/10 Postal Receipt Returned Signed

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Kim Morgan</i> </p>	
<p>1. Article Addressed to:</p> <p>J. Ewart % Rowan Co. Det. Center 115 W. Liberty St. Salisbury, NC 28144</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from serv) 7009 0820 0000 2457 6112</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 9/573 Domestic Return Receipt 102595-02-M-1540</p>			